2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 23, 2009
Secretary of State

DOCUMENT# L01000016631

Entity Name: IN BLOOM FLORIST, LLC

Current Principal Place of Business:

4085 L.B. MCLEOD RD., STE. A
ORLANDO, FL 32811

New Principal Place of Business:

325 WEST GORE
ORLANDO, FL 32806

Current Mailing Address:

4085 L.B. MCLEOD RD., STE. A
ORLANDO, FL 32811

New Mailing Address:

325 WEST GORE
ORLANDO, FL 32806

FEI Number: 59-3753438 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

YERGEY, DAVID A JR ESQ
211 N. MAGNOLIA AVE.
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: KOBYLINSKI, JOHN
Address: 4292 LILLIAN HALL LANE
City-St-Zip: ORLANDO, FL 32812

Title: MGR ( ) Delete
Name: KOBYLINSKI, SALLY
Address: 4292 LILLIAN HALL LANE
City-St-Zip: ORLANDO, FL 32812

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JOHN KOBYLINSKI MM 06/23/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date